

**DEVELOPING BEST PRACTICES
FOR DESIGNING AND
CONDUCTING QUALITY
IMPROVEMENT PROGRAMS - A
COLLABORATIVE APPROACH**
It's Not as Complicated as it Seems

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WORKSHOP GOALS

ESTABLISHING AND MAINTAINING THE CULTURE

- Appreciate importance & usefulness of a successful performance measurement (PM) & quality improvement (QI) system for all participants
- Understand essential components of such a system to ***Establish Best Practices***
- Define what is necessary to make an agency/organization at any level (client to system level) effective in PM & QI
- Believe “**it’s not as complicated as it seems**” Everybody can understand and benefit-making it relevant

ACHIEVING WORKSHOP GOALS

SESSION PROCESS

- Review of history-How did we get here?
 - purpose
 - common themes and changes
 - general resistance at all levels
- Resistance continues-We shall overcome
- System data components
 - administrative data
 - survey data

ACHIEVING WORKSHOP GOALS

SESSION PROCESS

(continued)

- System participants - everyone
managers, supervisors, providers,
consumers, technical staff, etc, etc
- Examples of successful programs –
common factors
- Essential components for establishing and
maintaining a model performance
measurement and quality improvement
system and culture-how to make it work

ACHIEVING WORKSHOP GOALS

SESSION PROCESS

(continued)

- Where do we go from here?

- **Group Discussion**

Applying findings to your own programs/activities and making them work effectively

Real issues chosen by participants will be addressed by the group

- Summary, conclusions, next steps

HOW DID WE GET HERE?

HISTORY

- Concerns about “are patients getting better” go way back in the literature
- Mid 1990’s QI began to be a serious consideration and “modern” efforts were initiated in the public and private sectors
- The purpose of PM and QI is to improve services in a cost effective manner-based on data to achieve measurable outcomes

HOW DID WE GET HERE?

HISTORY

(continued)

- Always concerned about involving “all” participants in the process, but the meaning of “all” has changed as well as roles/responsibilities. Initially, clinicians, consumers, not active participants. Lead taken by managers, administrators, QI staff
- Requirements imposed at various levels, major resistance at all levels

HOW DID WE GET HERE?

HISTORY

(continued)

- Resistance continues- ***We shall overcome***
often perceived threat to all groups-
executives to consumers – various
reasons
 - lack of involvement
 - lack of understanding of purpose
 - lack of understanding of data
 - fear of negative consequences

HOW DID WE GET HERE?

HISTORY

(continued)

- Types of data collected
 - administrative
 - survey
 - other e.g. observation, clinical reports, etc.
- Technology
 - major changes facilitate data collection
 - analysis, dissemination, accountability
 - access, etc. for all

WHERE WE ARE GOING

ESTABLISHING BEST PRACTICES AT CLIENT, PROGRAM & SYSTEM LEVELS

- Understanding requirements from various sources, e.g., federal, state, local, managed care, program, funding sources
- Involving participants at all levels from the beginning through entire process
- Allocating appropriate resources, staff, financial, technical, equipment
- Cross system integration, e.g. juvenile justice, health, education, social services

MAJOR PROJECTS/PROGRAMS EXAMPLES PAST AND PRESENT

- Mental Health Statistics Improvement Program (MHSIP)
- Forum on Performance Measurement
- State projects and programs
- National Outcomes Measures (NOMS)
- Institute of Medicine-Crossing the Quality Chasm
- Evaluators Institute

MAJOR PROJECTS/PROGRAMS EXAMPLES PAST AND PRESENT

(continued)

- Philadelphia Data Warehouse-cross system collaboration
- Washington Circle
- Outcomes Roundtable for Children and Families
- University of Massachusetts Study

these are some examples of types of projects – they are not exclusive – indicate range of activity over time

DETERMINING PRIMARY FACTORS CONTRIBUTING TO SUCCESS IN COLLECTING AND USING DATA FOR QI IN BEHAVIORAL HEALTH

- Study conducted by Center for Health Policy and Research, University of Massachusetts, published March 2007
- Case study of exemplary programs in model states-supported in part by ORCF-2007-2008

MODEL STATES AND EXEMPLARY PROGRAMS IN PERFORMANCE MEASUREMENT

- Model States:
Ohio, Oklahoma,
Connecticut, Washington
- Exemplary Behavioral Health Agencies providing child/adolescent/family services
- Ohio and Oklahoma – two agencies from each state included

APPROACH

- Rationale: No empirical evidence that improved data reporting capacity alone contributes to improved treatment and services – Quality Improvement
- Goal: Identify factors associated with effective
 - collection
 - analysis
 - interpretation
 - dissemination
 - use of data for quality improvement

APPROACH

(continued)

- Prior to visit protocol completed by agency director re: organization size, services, funding sources, PM requirements, etc.
- Interviews conducted with all participants
 - executive director
 - managers/directors
 - administrative staff
 - quality management supervisor & staff
 - data/computer staff
 - service providers/first line supervisors
 - advocates/family members

APPROACH

(continued)

- Purpose of interviews was to determine respondents knowledge/understanding of
 - data collection process
 - how data are used
 - quality improvement process
 - challenges and problems encountered
 - what would help others in QI issues
- Selected because agency is exemplary

ESSENTIAL COMPONENTS OF A SUCCESSFUL PM AND QI SYSTEM: PUTTING IT ALL TOGETHER

Commitment and belief by agency director in the importance of performance measurement, thus setting a tone for the agency and making quality improvement activities, including a strong Quality Improvement Committee, an integral part of the agency's mission

SUCCESSFUL SYSTEM

(continued)

- Allocate sufficient staff dedicated to **quality improvement** and **information technology** as their sole responsibility
- Budget for sufficient computers/equipment and processes to facilitate data collection, retrieval, analysis and dissemination
- Where possible, in addition to system level QI projects, conduct projects at program level, with goal of improving measurable aspect(s) of program and implementing change based on findings

SUCCESSFUL SYSTEM

(continued)

- Involve all participants - including
 - service providers
 - consumers, family members, advocates

It must become part of the agency culture- it takes time

- QI efforts must have a positive focus-how to make things better not on what is wrong – cannot be perceived as punitive

SUCCESSFUL SYSTEM

(continued)

- Structure projects so they can easily be accomplished.
 - questions must be straight forward
 - questions must be measureable-
operationally defined
 - results obtainable in a short
period of time, where possible
 - implement findings quickly so
data based change can be noted

SUCCESSFUL SYSTEM

(continued)

- Data must be available quickly and easily accessible to all by computer – quick feedback
- Present data in understandable format and language both via computer and in written reports and presentations. Must be useful to audience
- Data must be accurate
- Data collection must be simple/clearly specified

SUCCESSFUL SYSTEM

(continued)

- Measure what you want/need to know and use it
- Ask the right questions
- Keep it as simple as possible
- Set priorities in what to measure

WHAT IS NECESSARY TO BE EFFECTIVE IN QUALITY IMPROVEMENT

WHAT WE HAVE LEARNED

- Respect for leadership – agency director
- When respected leadership makes QI part of agency culture it will be accepted/used
- New thinking is required to get results
- Time allocation for required activities
- Financial commitment

WHAT IS NECESSARY TO BE EFFECTIVE IN QI

(continued)

- Training, training, training
all participants must learn
 - importance of measurement
 - how and what to measure
 - how to ask the right questions
 - to read reports-understand data
 - how to use information to effect change

GROUP DISCUSSION

WHERE DO WE GO FROM HERE?

**How can this information be effectively
applied to your own
programs/activities/projects/services?**

Specific issues and questions